# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

| I. Name of Lobbyist(s) Mary F  | Kaysen                            |  | <del>.</del>                  |
|--|-----------------------------------|--|-------------------------------|
| II. Name of lobbyist's partnershi  | p, firm or corporation, if a      | ıy:  |                               |
| Bristol-Myers Squibb Comp  |                                   |  |                               |
| (Name of partnersh   | nip, firm or corporation)         |  |                               |
| 118 Valley Streey  | Beverly Farm                      | s MA   | 01915                         |
| Business Address: (Street)   | (Town/City)                       | (State)  | (Zip Code)                    |
| (978) <u>232-1147</u><br>(Telephone)   | (978) <u>232-1148</u> (Fax)       | e-mail <u>mary.ka</u> y                            | rsen@bms.com_                 |
| III. This statement covers: (Choo reportable expense transactions v                                      |                                   |  | y file a separate report for  |
| ☑ All reportable transactions occu   | urring in the months prior to t   | he reporting date relative to the                  | e following client:           |
| Bristol-Myers Squib  | b Company                         |  |                               |
| (Full Name   | of Client as it appears on the Lo | bbyist Registration Form)                          | <u> </u>                      |
| <u>OR</u>  |                                   |  |                               |
| ☐ All reportable transactions by thurrelated to any particular client.                                   | e lobbyist (including the lob     | oyist's family), or the lobbying                   | ; firm listed below which are |
| IV. Date of Report April 26, 2   |                                   | July 26, 2017 🛚                                    |                               |
|  | of registration to 3/31/17        | activity from 4/1/17 to 6/30/17                    |                               |
| October 2<br>activity from   | 5, 2017<br>7/1/17 to 9/30/17      | January 31, 2018 🗷 activity from 10/1/17 to 12/31/ | 717                           |
| V. There have been no fees red<br>If this box is checked, complete just<br>Concord, NH 03301.            |                                   |  |                               |
| VI. Check if additional reports a  | re attached:                      |  |                               |
| If you have received fees or ma  |                                   | le Addendum A – Fees and Ex                        | penses                        |
| ☐ If you have paid an honorariun<br>Expense Reimbursement  |                                   |  | •                             |
| If you, your firm, or your famil   | y has made political contribu     | tions, you must file Addendu                       | m C-Political Contribution    |
| Sworn Statement/Affirmation by<br>I have read RSA 15, RSA 15-B, RS<br>and complete to the best of my kno | A 14-C and RSA 664 and he         |  | oregoing information is true  |
| Wary Bay se  | <u> </u>                          | 1/10/18  |                               |
| (Signature of lobbyist)  |                                   | (Date  | e) RECEIV                     |
| Mary Kaysen  |                                   |  | 4'- 4                         |
| (Print Name of lobbyist)   |                                   |  | JAN 172                       |

# PLEASE PRIN

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

RECEIVED

(RSA Chapter 15:6)

JAN 17 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s)Mary Kaysen  |  |
|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |  |
| Bristol-Myers Squibb Company   |  |
| (Name of partnership, firm or corporation)   |  |
| III. Name of Client Bristol-Myers Squibb Company   | Date 1/16/2018   |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:  | t relations, or public relations services  |
| a) Total of all fees received in this reporting period   | a) \$  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).  | b) \$  |
| c) Total of all fees received to date (Add lines a and b)  | c) \$5700.00   |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$ <u>0</u>   |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.  | a) \$58.95   |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  | b) \$18.00   |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$0   |

| d) Total expenses for this reporting period (Add lines a, b and c)  | d) \$                               |
|---|-------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)              | e) \$155.40                         |
| f) Total of all expenses year to date   | f) \$ 232.35                        |
| VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from learned, including by whom paid or to whom charged.                | lobbying fees during this reporting |
| Paid to:  | Amount:                             |
| N/A   | \$                                  |
|   | \$                                  |
|   | \$                                  |
|   | \$                                  |
|   | \$                                  |
|   | \$                                  |
| Sworn Statement/Affirmation by Lobbyist  have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm strue and complete to the best of my knowledge and belief. |                                     |
| Y VIAAA DAUGGA  | 1/11/10                             |
| (Signature of Idobyist)  Mary Kaysen  | (Date)                              |

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# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| I. Name of Lobbyist(s)  | Mary Kaysen                                |                           |  |
|---|--|---------------------------|--|
| II. Name of lobbyist's pa                                     | ertnershin firm or co                      | rnoration if any          |  |
| • •   | •  | poration, ir any.         |  |
| Bristol-Myers Squib   | b Company artnership, firm or corporation) |                           |  |
|   |  |                           |  |
| III. Name of Client Bris                                      | tol-Myers Squibb Con                       | mpany                     | Date 1/16/2018   |
| <b>Political Contributions</b>                                |  |                           |  |
| For each political contrib                                    | oution that is reportable                  | pursuant to RSA Chaj      | oter 664 paid on behalf of the   |
| client/lobbyist and lobby                                     | ing firm, indicate the fo                  | ollowing:                 |  |
|   |  | nd name                   |  |
|   |  |                           |  |
| Full name of candidate:                                       | Gannon                                     | Bill                      |  |
|   | (Last Name)                                | (First Name)              | (Middle Name/Initial)  |
| Amount of contribution \$                                     | 125.00                                     | Office Candidate          | s Seeking Senate   |
| _   |  |                           | ds or services provided, and enter the   |
| actual cost of the in-kind co<br>enter an estimated value and | ntribution on the line abo                 | ve for amount of contrib  | ution. If the actual cost is not known,  |
| N/A   |  |                           |  |
| IN/A  | -  |                           | ****   |
|   |  |                           |  |
|   |  |                           |  |
|   |  |                           |  |
| Full name of candidate:                                       | Committe to Elect H                        | ouse Republicans          |  |
|   | (Last Name)                                | (First Name)              | (Middle Name/Initial)  |
| Amount of contribution \$                                     | 500.00                                     | Office Candidate is       | s Seeking House  |
|   |  |                           |  |
| If the contribution is an in-k                                | ind contribution, provide                  | a description of the good | ds or services provided, and enter the ution. If the actual cost is not known, |
| enter an estimated value and                                  |  | ve for amount of contrib  | ation. If the actual cost is not known,  |
| N/A   |  |                           |  |
| 14/11   |  |                           |  |
|   |  |                           |  |
|   |  |                           |  |
| 300.0   |  |                           |  |
| Full name of candidate:                                       |  |                           |  |
|   | (Last Name)                                | (First Name)              | (Middle Name/Initial)  |
| Amount of contribution \$                                     |  | Office Candidate is       | Seeking  |

| (If more than t              | nree contributions were m                 | ade, report additional contributi                     | ons on separate addendum C forms.)         |
|------------------------------|---|---|--|
| Sworn Stat                   | ement/Affirmation t                       | y Lobbyist  |  |
| I have read<br>is true and c | RSA 15, RSA 15-B a omplete to the best of | nd RSA 664 and hereby sof<br>f my knowledge and belie | wear or affirm that the foregoing infor f. |
| (Signature                   | m/Say S                                   |   | 1/16/18                                    |